



CLAIM AGAINST THE EAST BAY REGIONAL PARK DISTRICT

DATE STAMP

Government Code section 910, et seq. requires that a party, who believes the public agency is responsible for damages, must file a claim with the agency within a timely manner.

This claim form with original signatures, along with copies of any receipts or documentation, must be mailed or delivered to address below. Faxed claims will not be accepted.

Clerk of the Board's Office, East Bay Regional Park District, 2950 Peralta Oaks Court, Oakland, California 94605

NAME OF CLAIMANT:		DATE OF BIRTH:	
ADDRESS OF CLAIMANT:		HOME PHONE:	
		WORK PHONE:	
		OTHER PHONE:	
SEND NOTICES REGARDING THIS CLAIM TO: (If different from above, list name, mailing address, and phone number)			
DATE OF INCIDENT OR OCCURRENCE CAUSING CLAIM:		PLACE OF INCIDENT OR OCCURRENCE: (Exact location)	
DESCRIBE THE INCIDENT INCLUDING YOUR REASON FOR BELIEVING THE PARK DISTRICT IS LIABLE FOR YOUR DAMAGES: (If necessary, attach additional pages with claimant's name on each page)			
NAME OF PUBLIC EMPLOYEE(S) WHO CAUSED THE INJURY, IF KNOWN:			
DID YOU FILE A POLICE REPORT?		AGENCY:	
		POLICE REPORT NO.:	
AMOUNT OF DAMAGES SOUGHT: (If the total claim is under \$10,000)		IF MORE THAN \$10,000 IS SOUGHT, DO NOT STATE A DOLLAR AMOUNT BUT INDICATE CATEGORIES OF LOSS AND STATE WHETHER THIS WOULD BE A LIMITED CIVIL CASE.	
Amount claimed as of this date: _____			
Estimated amount of future costs: _____			
Total amount claimed: _____			
ADDITIONAL INFORMATION: (List any additional information that might be helpful in considering your claim. Attach additional pages as needed.)			

I have read the matters and statements made in the above claim and I know that same to be true of my own knowledge. I certify under penalty of perjury that the foregoing is TRUE and CORRECT.

Signature of Claimant or Representative: _____

Date: _____

Print: _____